

A Family Affair?

Supporting children living with parental substance misuse

A report of a national conference held in October 2011



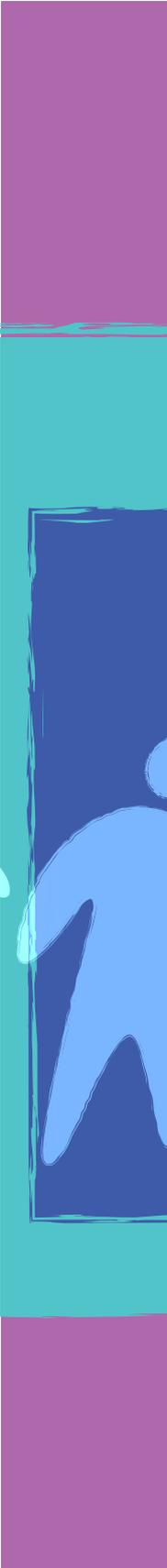
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December 2011

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Preface

This conference originated from the findings of a literature review carried out by Dr. Justine Horgan, Senior Researcher National Advisory Committee on Drugs on the impact of parental substance misuse on children. The main finding of this review was that parental substance misuse can, and does, negatively impact on the health, development and welfare of children including both abuse and neglect. As children's welfare and protection is a major governmental and societal priority, this conference was timely and the invitation by the NACD to the HSE and Alcohol Action Ireland to become co-sponsors of the conference ensured the widest possible dissemination of the findings.

The organisers welcomed the presence of two Ministers who were fully supportive of the aims of the conference. The presence of senior managers from the HSE Addiction and Children and Families Services was also key to the recognition of this as a conjoint managerial responsibility.

This was the first national conference addressing the impact of parental substance misuse on children and the first combined gathering of staff working in addiction, child welfare and protection services from the community, statutory and voluntary sectors. Such a large gathering enabled the sharing of observations and experiences and an exchange of views on the challenges involved in early intervention and interagency work in the context of diminishing resources.

The conference also highlighted the importance of public policy with local implementation supported by adequate resources. One such policy, the Hidden Harm strategy in Northern Ireland, highlights the need, as a main objective of policy and practice, to reduce the harm to children from parental substance misuse.

This strategy also recognises that effective treatment of the parent can have major benefits for the child and that by working together, services can take many practical steps to protect and improve the health and well-being of affected children.

Furthermore, recognition that problems affecting children will only decrease when the number of people with harmful drinking patterns and problem drug use diminishes is of critical importance as are the relevant strategies aimed at implementing such reductions.

Points from the Hidden Harm strategy are re-iterated by the following key findings from our national conference as follows:

1. All services, including child, family and adult services need to view the welfare of the child as paramount. Agencies need to work together, taking a child-centred approach, supporting the whole family to meet their child's needs.
2. Adult drug and alcohol services have a duty to consider and assess how the adult's behaviour may be affecting the children in their care
3. Invest in prevention and early intervention services
4. Provide services and supports directly to children
5. Ensure organisations are clear about their responsibilities under Children First. Putting Children First on a legislative basis would ensure that organisations have a duty to work together in the interests of the child.
6. Policies that reduce substance misuse consumption levels can reduce the level of harm to children living with parental substance misuse problems.

Drawing on the experiences articulated at the conference, a series of questions was developed. This is available overleaf and is intended as a reflective tool to support service providers and managers in their day to day work with children in the context of parental substance misuse.

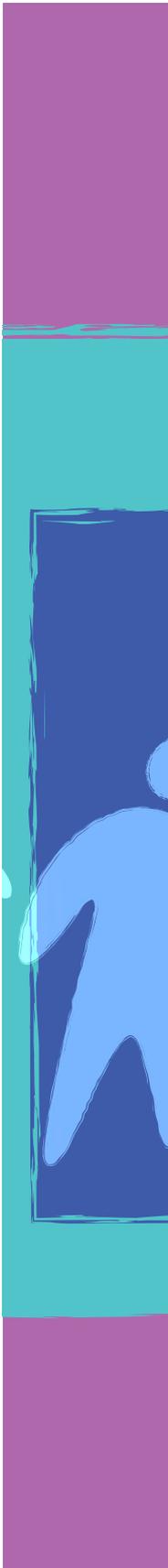
This conference provided a forum to respond to a literature review which clearly identifies that parental substance misuse is a most serious challenge to child welfare and child protection in modern Ireland.

The challenge now is to recognise this issue as current, even though largely invisible and to take the necessary steps to implement the policies and measures required to safeguard and protect children now and for future generations.

The anticipated National Substance Misuse Strategy and the emerging Child and Family Agency are key policy initiatives that can incorporate a focus on children affected by parental substance misuse and that increase the emphasis on family support. We generously acknowledge and thank Pégín Doyle who drafted this report.

National Advisory Committee on Drugs
Alcohol Action on Ireland
HSE Social Inclusion Department

December 2011

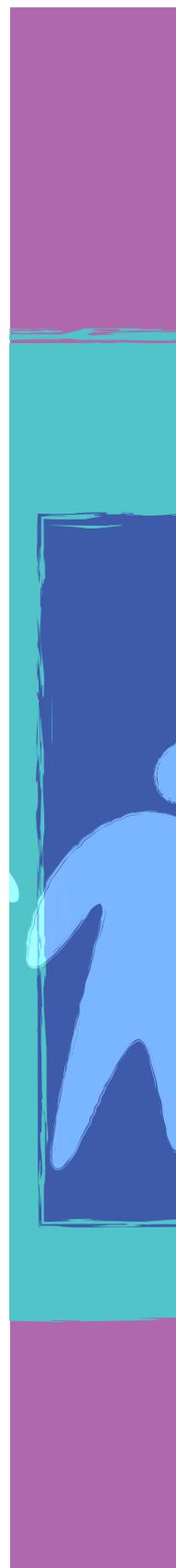


Supporting service providers and managers working with children in the context of parental substance misuse.

Drawing on the experiences articulated at the conference, this reflective tool in the table below was developed to support service providers and managers in their work with children in the context of parental substance misuse. Readers may find it useful to read the section on parental substance misuse in the Child Protection and Welfare Practice Handbook (HSE, 2011)

Objective	Questions for service providers	Additional questions for drug and alcohol services	Questions for managers
Strengthening knowledge and understanding about the impacts on children	<p>Do I need to increase my knowledge about the potential impacts of parental substance misuse on children?</p> <p>Do I recognise the impact of parental substance misuse problems?</p> <p>How do I work to strengthen parenting skills? To provide support to the parenting role?</p> <p>Do I inform and advise women service users about the risks to the child of substance misuse during pregnancy?</p> <p>Am I clear as to what to do with any concerns I may have about a child's welfare? About their safety?</p> <p>How often do I see the child, listen to the child?</p> <p>Is the child's need for stability, consistency and care being met?</p> <p>Do I know whether other organisations also work with this family?</p> <p>Is domestic abuse a factor in this family?</p> <p>Is the child using alcohol and drugs?</p>	<p>Do I recognise and assess the needs of service users as parents? How do I work to strengthen parenting skills? To provide support to the parenting role?</p> <p>How do I assess the potential impact of the client's substance misuse on their child(ren)?</p> <p>How can I support the child when the parent is in treatment?</p> <p>How can I support the differing needs of parents? For example, parents who are active drug users/recovering drug users?</p> <p>What is our service policy for the care and management of clients who are misusing alcohol/drugs during pregnancy?</p> <p>What is my role vis a vis the children where there is family violence?</p> <p>Where a child is using alcohol/drugs and has a parent(s) with substance misuse problems what is effective clinical practice in helping the child?</p>	<p>Does the service have policies and procedures in place to consider and assess the welfare and safety of children who attend the service or who are in the care of parents attending the service?</p> <p>Are concerns about child welfare and safety discussed with/reported to the HSE Children and Family Services?</p> <p>How does the service collect data on children affected by parental substance misuse?</p>

Objective	Questions for service providers	Additional questions for drug and alcohol services	Questions for managers
Examining our shared responsibility	<p>Am I clear as to my responsibilities in relation to Children First?</p> <p>Work with school?</p> <p>Work with other organisations</p>	Am I clear as to my responsibilities in relation to Children First?	<p>Is the service compliant with the Children First Guidance? What are my responsibilities in this regard? Does the organisation need training?</p> <p>Does the organisation have policies and procedures in place to support interagency working? To address issues relating to confidentiality and information sharing? Is there clarity about roles and responsibilities?</p>
Learning what works well in service design and delivery	<p>How can I support the protective factors in this child's life? For example, a stable adult who can ensure the child receives consistent care, love and security?</p> <p>Do I need engage with extended family?</p> <p>Are supports and services provided directly to the child, in their own right?</p> <p>Is there an integrated plan for working with this child and family?</p>	Do I link families with childcare services, where needed?	<p>Does the organisation have the skills, resources and ethos of intervening early or do we tend to intervene in response to a crisis?</p> <p>Do we refer families to services that provide family support, parenting skills and early intervention?</p> <p>Do we know what services exist locally and what they do?</p> <p>Are there particular issues for Travellers?</p> <p>Can we provide a service outside of regular hours? If not, can we refer to services who do?</p> <p>Do we need to develop links with childcare services?</p>



1. Introduction

The National Advisory Committee on Drugs, Alcohol Action Ireland and the Health Service Executive co-hosted a conference, 'A Family Affair? Supporting children living with parental substance misuse', in Croke Park, Dublin, on 18 October 2011.

The purpose of the conference was to present the results of a literature review carried out by the senior researcher at the NACD, Dr Justine Horgan, entitled *Parental Substance Misuse: Addressing its Impact on Children*. The review was carried out in the context of Action 55 of the National Drugs Strategy (Interim) 2009–2016 which required the NACD to research parental substance misuse and its consequences for children and to identify effective responses.

The objective of the literature review was to provide an up-to-date synthesis of the most recent research findings into parental substance misuse and its effects on children in order to identify the needs of children. A second objective was to report from the literature on how services assess the needs of children and respond to them.

The aim of the conference was to inform people and organisations concerned with the welfare of children, and with issues of addiction, about major international research on the effects of parental substance misuse on children and on families.

A further objective was to provide a forum for frontline workers, interested organisations and policymakers to consider the research findings in the light of their direct experience, discuss the challenges they encounter and share the responses they have found to be effective. In facilitating such discussion, the organisers aimed to strengthen policy development on child welfare and protection, promote inter-agency collaboration and develop effective interventions.

The literature review, and the key recommendations arising from it, is also intended to advise government and inform the design of policies to meet the needs of children living with parental substance misuse and to break the cycle of substance misuse affecting children over successive generations.

1.1 Structure of report

This conference report is presented in four chapters. Chapter 2 explains the policy context of the research and conference, outlines the conference programme and provides brief profiles of the three bodies that jointly organised the event.

Chapter 3 opens with the address by Róisín Shortall TD, Minister of State with Responsibility for Primary Care. It then presents the key results of the literature review and subsequent recommendations arising from it. It then summarises the points made by participants in round-table discussions, which focused on three thematic questions. It concludes with the address by Norah Gibbons, Director of Advocacy at Barnardos and Chairperson of Alcohol Action Ireland.

Chapter 4 gives an overview of the presentations made at four workshops and the open forum that followed each one. The concluding address by Frances Fitzgerald TD, Minister for Children and Youth Affairs, is also summarised.

A full list of participants is provided in Appendix 1.

The plenary sessions and keynote presentations were recorded by Mr Andy Osborne (www.drugs.ie, Drugs and Alcohol Information and Support, HSE) and the video can be accessed at www.drugs.ie, and at Alcohol Action Ireland www.alcoholireland.ie.

A copy of the literature review *Parental Substance Misuse: Addressing its impact on Children* is available for download from www.nacd.ie

2. Background

The conference was co-hosted by the National Advisory Committee on Drugs, Alcohol Action Ireland and HSE Social Inclusion.

The National Advisory Committee on Drugs was established in 2000 to research and analyse issues relating to drug use in Ireland and to advise government on policy development in this area. Its current brief and actions are set out in the National Drugs Strategy (Interim) 2009–2016. It reports to the Minister of State with Responsibility for Primary Care at the Department of Health and Children.

Alcohol Action Ireland is the national charity for alcohol-related issues. It works to raise awareness of and reduce the damage caused by alcohol through campaigning, research and advocacy.

The HSE Social Inclusion Department works to reduce the impact of health inequalities. It co-ordinates and integrates measures by a range of community, voluntary and statutory bodies that aim to address the needs of socially excluded groups.

2.1 Policy context

The National Drugs Strategy (Interim) 2009–2016 recognises the implications of parental substance misuse for children and parenting. Research shows that children whose parents misuse drugs and alcohol are more likely to experience difficulties in their psychological and social development, family environment, academic achievement and quality of life.

Without proper support for children in these circumstances, parental substance misuse may harm the development and quality of life of one generation and these effects may be replicated among succeeding generations.

Action 55 of the National Drugs Strategy required the NACD to research parental substance misuse and its consequences for children and to identify effective responses. The NACD conducted a literature review of major international research on parental substance misuse. The report of the literature review, entitled *Parental Substance Misuse: Addressing its Impact on Children*, is available on www.nacd.ie.

The key findings of the literature review, and recommendations based upon the research, were presented to the conference, 'A Family Affair? Supporting children living with parental substance misuse'. This report summarizes the main proceedings of the conference.

2.2 Programme

The conference was organised into two main sessions. In the morning Minister Rósín Shortall opened the conference. The primary messages and recommendations from the literature review were presented by Dr Justine Horgan. This was followed by round-table discussions after which Norah Gibbons, chairperson of Alcohol Action Ireland, spoke on the theme of 'Prioritising children in policy and practice'.

The afternoon session consisted of four themed workshops in which there was a keynote presentation followed by a group discussion. These were followed by an open forum with panellists' contributions. The conference concluded with an address by the Minister for Children and Youth Affairs, Frances Fitzgerald TD.

Conference Programme	
9.00 – 10.00am	Arrival and Registration
10.10 – 10.30am	Opening Address. Róisín Shortall TD, Minister of State with Responsibility for Primary Care.
10.30 – 11.00am	Dr Justine Horgan, Senior Researcher, NACD. 'Parental Substance Misuse: Addressing its impact on Children'. Key messages and recommendations from a review of the literature.
11.00 – 12.00am	Round-table discussion based on three themes: <ul style="list-style-type: none"> ■ How do the literature review findings reflect your experience? ■ Share what your organisation does to support children living with parental drug and alcohol misuse. ■ Explore challenges in supporting children experiencing parental substance misuse in the context of adult drug and alcohol services and wider health and social services.
12.00 – 12.15pm	Norah Gibbons, Chairperson, Alcohol Action Ireland and Director of Advocacy and Central Services, Barnardos. 'Prioritising children in policy and practice'.
12.15 – 1.30pm	Lunch
1.30 – 2.45pm	Workshops
	Workshop A: Learning from service responses: Ballyfermot STAR. <i>Réalt Beag</i> initiative of the Ballyfermot STAR Child and Family Centre, which is an early learning centre for children that supports parenting skills within families. Presenter: Sunniva Finlay, Organisation Manager, Ballyfermot STAR.
	Workshop B: Learning from service responses: The Families Matter Programme. North West Alcohol Forum (NWAF) Donegal. This initiative is based on the internationally recognised and evidence-based parenting and family skills initiative, the Strengthening Families Programme. Presenter: Donna Butler, Programme Manager, Families Matter Programme, NWAF.
	Workshop C: Building knowledge and skills for better outcomes for children – the role of Children First. Presenter: Theresa Barnett, Training and Development Office – Children First, HSE, and Mary Egan, Principal Social Worker, Training and Development Office, HSE.
	Workshop D: Hidden Harm Action Plan, a partnership approach for better outcomes for children living with parental drug and alcohol misuse. Presenter: Davis Turkington, Senior Officer, Health and Social Wellbeing Improvement, Public Health Agency, NI.
2.45 – 3.00pm	Reflections on issues arising from conference proceedings. Chair: Paul Barron, Assistant Secretary, Department of Health, Panel members: Mary Forrest, Clinical Director, Crosscare Teen Counselling, Phil Garland, Assistant National Director, Children and Families Social Services, HSE, Michael Conroy, Principal Officer, Drugs Policy Unit, Department of Health.
3.00 – 3.30pm	Closing address. Frances Fitzgerald TD, Minister for Children and Youth Affairs.
3.45pm	Evaluation and close. Close: Dr Des Corrigan, Chairperson, NACD.

3. Proceedings

Dr Des Corrigan, chairperson of the NACD, said that the current National Drugs Strategy was working to safeguard the future of children by targeting measures aimed at breaking the cycle of substance misuse recurring among children of problem substance users.

3.1 Opening Address

Opening the conference, the Minister of State at the Department of Health with Responsibility for Primary Care, Róisín Shortall TD, urged a holistic approach to the needs of the families of problem substance misusers.

Minister Shortall referred to the particular importance of supporting the children of drug misusers in their own right, strengthening their confidence as a way of helping them avoid drug misuse and exploring the potential of children to stay connected with their parents while they received treatment.

She stressed the importance of using targeted measures aimed at breaking the cycle of substance misuse in one generation ‘cascading’ into the lives of following generations. She urged a greater emphasis on moving people on from drug treatment to the opportunity of a drug-free life.

Minister Shortall called for increased awareness of the risks associated with drug or alcohol consumption during pregnancy, referring to the worrying level of Neo-natal Abstinence Syndrome and Foetal Alcohol Spectrum Disorders. The amount of alcohol consumed in our society and the ready availability of cheap alcohol were a public health issue and a matter of concern for all, she said.



Róisín Shortall, Minister of State at the Department of Health with Special Responsibility for Primary Care reviews the report in the company of left to right Fiona Ryan, Alcohol Action Ireland, Dr. Des Corrigan and Dr. Justine Horgan, NACD.

Expressing concern also at the purchase of prescription drugs over the web, Minister Shortall said a National Substance Misuse Strategy incorporating alcohol and drugs was nearly complete and measures to deal with alcohol misuse would be available shortly.

Minister Shortall said the literature review and the combined efforts of the NACD, HSE and Alcohol Action Ireland in organising the conference were examples of inter-agency action, which was needed to tackle problems of substance misuse.

3.2 Key messages of literature review

Dr Justine Horgan said the literature review was undertaken to provide an up-to-date synthesis of the most recent research findings into parental substance misuse and the effects and outcomes for children.

Two objectives had guided the review, to identify the needs of children of substance misusers and to learn how service providers assess and respond to children’s needs. The literature had very few solutions in relation to Ireland and there was very little research here, Dr Horgan said.

The literature review showed that key areas of a child's development, notably attachment, self-regulation and stress responses, were affected. Parental substance misuse hindered children from developing key skills and capacities, resulting in poorer psycho-social development and academic achievement. There was a greater risk of child substance misuse, with earlier onset and shorter transition to dependency.

These effects combined in a 'cascade' of academic, social, peer group and substance misuse problems along with stress and depression.



Debate from the conference floor

Dr Horgan highlighted key mechanisms whereby adult behaviour affected children. These were:

- Pre-natal exposure through maternal misuse of alcohol or drugs, leading to specific physical and developmental problems and to substance dependency in newborn infants;
- Lowered parenting skills. Parental substance misuse can lead to a poorer quality of parenting and disruption of family life. Parenting styles are often inconsistent, non-responsive, over-punitive or poor at setting boundaries. Inconsistent or non-responsive

parenting can impair bonding and attachment for the child.

- Disruption and stress within the family. Family life can be disrupted by domestic violence, impaired relationships and economic and psychological insecurity. The child may experience informal or statutory out-of-home care.

Dr Horgan said that, having analysed the impact that substance misuse has on a person's ability to parent and on the quality of family life experienced by the child, three areas stood out for attention:

1. The need to reduce or stop parental substance misuse;
2. To improve parenting skills;
3. To improve children's life chances by stabilising the family.

3.2.1 Responses

- Key responses to these priorities involve treatment/rehabilitation of the person misusing substances and support for the child and the family. Treatment reduces substance use, thereby improving the child's environment.
- The effectiveness of treatment could be strengthened by including a parenting perspective and by supporting substance misusers in their parenting role.
- Women-centred treatment should include childcare, transport to treatment, home visits and specialised mental health and health services.
- Relatives should be supported in their own capacity in order to strengthen their coping skills, which over time can have a direct positive impact on parenting of children and also on the relationship with a partner who is misusing substances.
- People's role as parents, and the effect of substance misuse on this, needed to be discussed as part of treatment.



Frances Fitzgerald, Minister for Children and Youth Affairs receives a copy of the literature review from left to right Cliona Murphy, Alcohol Action Ireland, Dr. Des Corrigan and Dr. Justine Horgan, NACD and Marion Rackard HSE Social Inclusion.

Dr Horgan acknowledged the challenges involved in this work and stressed the importance of finding ways to nourish the trust that is essential to the therapeutic relationship whilst also including a focus on parenting and the child.

Statutory, community and voluntary sectors should co-operate in strengthening parenting skills and in learning how to intervene to support the child's well-being.

An addiction perspective aimed at understanding and intervening in the specific dynamics of substance dependency should be included in family and child supports.

It is important that services co-operate in providing interventions to enable the client seek appropriate help long before a crisis intervention is necessary to remove the child.

Agencies need to co-operate and support each other on matters like assessment, motivation techniques, case management and home visits. Roles need to be defined and protocols put in place to ensure agencies do not pursue conflicting goals and that clients' needs are properly assessed, case outcomes are consistent among agencies and resources are not duplicated. This requires the training of frontline workers in collaboration and in combining the dual perspectives.

3.3 Key recommendations of literature review

- 1: Improve existing data and identify the nature and extent of the problem.
- 2: Map existing services and identify gaps.
- 3: Examine parenting roles and parental substance misuse.
- 4: Increase awareness of drugs and alcohol consumption among men and women and of the risks of consumption during pregnancy.
- 5: Children First guidance should be used by all those working with children who experience parental substance misuse and with their parents.
- 6: Assess service provision to ensure drug and alcohol services include a parenting dimension, and to gauge the level of interaction among services dealing with drugs, alcohol, family, child support, domestic violence and other issues.
- 7: Provide adolescents with opportunities to talk with significant others.
- 8: Assess if relevant education and training curricula address parental substance misuse.
- 9: Recognise the role of family support groups in responding to parental substance misuse.
- 10: Take a culturally sensitive approach.

3.4 Summary of round-table discussions

The conference provided a forum for frontline workers, service organisations and policymakers to consider the relevance of the research findings and recommendations to their work experiences. Thirty-



An attentive audience

five groups contributed to the round-table discussions.

Discussion was guided by three prompt questions or themes which are reported on in section 3.4.1 - 3.4.3 below:

1. How do the literature review findings reflect your experience? (Identify effective practice and what needs to be done.)
 2. Share what your organisation does to support children living with parental drug and alcohol misuse.
3. Explore challenges in supporting children experiencing parental substance misuse in the context of adult drug and alcohol services and the wider health and social services.

Core messages from discussions

Discussions emphasised the following priorities:

- The importance of putting the welfare of children and young people first, with provision of integrated, long-term support throughout childhood independent of parents' treatment status;
- Building resilience and coping skills among children and young people;
- The need for early intervention to safeguard the child;
- Working with the family as a unit to promote a stable family environment;
- Helping the child develop communication and social skills and to engage with their peers;
- Inter-agency collaboration with integrated care plans based on needs assessment of the whole family;
- Integration of parenting and addiction perspectives in child and adult services;
- The potential role of the school in identifying problems and supporting the child;
- Engaging parents in seeking supports for the child and in acknowledging the effects of their substance misuse on the child;
- Flexible and accessible service responses;
- Childcare supports to care for the child and to help parents, especially mothers, access treatment.

3.4.1 How do the literature review findings reflect your experience?

Participants identified the following examples of effective practice:

- Early intervention with parents and children. Examples of initiatives that give good support include the Public Health Nurses, Family Support Agency, Strengthening Families Programme, Incredible Years, Family Resource Centres, Ballyfermot STAR and drug liaison midwives.
- Strengthening families and parenting skills, including work with the extended family as a unit.
- Identifying the protective factors in the child's life, talking directly to children and engaging them and the wider family in improving their outcomes.
- Good inter-agency collaboration involving links between professionals in health, education and gardaí and referral to other services such as maternity and public health services. When there is co-

ordination between school, family and services, a child's problems are more likely to be identified and addressed early.

- It is helpful when people know what services are in their locality and what each agency provides.
- Ensuring the child has a daily outlet, through a homework club, Step by Step programme and general child-oriented work, to give the child a break from stress.

What needs to be done?

Participants stressed the overriding need to provide services to the child in their own right and to put the child's well-being, not addiction, at the centre of responses. Other priorities included:

- Listen to the child's concerns and ensure there is stability, consistency and care in their life;
- Help the child to stay where their attachment bond is, usually with the parents;
- Recognise the unique circumstances of each family and communicate honestly with everyone;
- Provide integrated care and ongoing long-term support from pre-natal stage to 18 years;
- Ensure early intervention when risk factors are recognised;
- Encourage early recognition of pre-natal alcohol problems through primary healthcare teams;
- Collaboration between social workers and addiction teams;
- Integration of child protection policies into adult drug services and provision of supports to children whose parents are receiving treatment;
- The use of integrated care plans and case conferencing;
- Access to community-based services for children and families;
- Educate schools on the impact of substance misuse on children;
- Help children to talk and engage with their peers and significant others through support or friendship groups.

3.4.2 Share what your organisation does to support children living with parental drug and alcohol misuse.

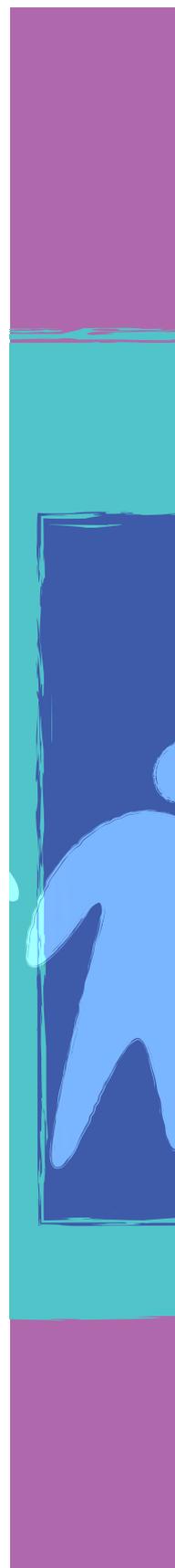
A wide range of activity was reported, focused strongly on supporting children directly and on supporting parents in relation to their children.

Supporting the child

Many supports focused on building the resilience, communication and life skills of children and young people. Different strands of programmes addressed specific age groups, ranging from 12 to 17 years. Creating structures whereby children could express their feelings was an important focus. This ranged from individual support to forming peer support groups. Helping the young person find their voice could also improve communication between parent and child.

Education and the child

Education and school was an important focal point. Community-based organisations helped children to attend school; they advocated for the child with the school or supported out of school children with education or referral to services. Many community projects helped with homework, though participants reported insufficient time to give children the full support they needed. For younger children play therapy was sometimes used. Providing meals before and after school was an important measure.



Supporting parents

Many projects provided training in parenting skills, supported education and personal development and strengthened the family through a variety of measures to maintain a stable family life. This included providing individual parenting support in the home for those who don't engage with groups.

In child protection situations parents are referred to family support services, which work with them to change their behaviour. Some projects provide family-friendly treatment facilities with crèche and childcare services.

Childcare was one of the main supports offered. It ranged from collecting children from school to funding childcare and providing it when parents attended treatment. Help with transport was another effective support. Participants stressed the importance of consulting parents on the supports they needed for their child. Flexibility was important in family support and some programmes, such as Strengthening Families, adjusted their activities to the parents' readiness to engage in communication and relationship building work.

Some services helped parents to access diagnosis and treatment for Foetal Alcohol Spectrum Disorders. It was stated that children with the condition sometimes are not diagnosed because they present with normal intellectual capacity and appearance.

Family support work often followed a care plan based on needs assessment, where outcomes for parenting skills and children's social skills were measured against the original assessment.

3.4.3 Explore challenges in supporting children experiencing parental substance misuse in the context of adult drug and alcohol services and the wider health and social services.

Discussion of challenges related to six key areas – the child; the family; addiction; services; resources and awareness. Only points additional to those reported in 3.4.1 and 3.4.2 above are reported here.

The child

Where there is parental substance misuse it is a major challenge to ensure a child actually has a childhood when often they are forced to play the parents' role. There is a significant problem of poverty and child hunger. When seeking to give the child a voice, there is an issue of overcoming the need for parental consent.

Children and substance misuse

Children's access to services depends on the addiction or treatment status of the parent but the child needs support before a crisis arises. There is a gap in age appropriate services for children.

Most programmes are for recovering addicts and there is not enough support for children of chaotic drug misusers. There is also a care gap for children when parents are in treatment particularly if grandparents are addicted also.

In cases of child drug misuse, it is difficult to work with a child without the involvement of the parent, who may also be a substance misuser. The solution is to refer the child for treatment. Following treatment or care intervention, the child may need to be rehabilitated back into the family, as well as the parent who misuses.

Suicide is an issue for children. Participants said that up to half the children in a project may be affected by suicide, often linked to drug debts.

The family

Participants expressed concern over the breakdown of the traditional family unit with multiple parents, step-parents and half-siblings, which caused attachment difficulties for the child.

Work with parents was challenging if they didn't want to commit themselves to change. Participants warned of the risk of accepting lower parenting standards for fear of parents withdrawing from services. Targeted parenting courses were needed, with the suggestion that children also learn about parenting in schools. Many foster parents have difficulty dealing with children from a drugs background.

As a first step in addressing the complex relationship between domestic violence and substance misuse, it was suggested that an inter-agency initiative be piloted in a domestic violence refuge.

Participants urged a greater emphasis on child and family supports in the National Drugs Strategy.

Addiction

The key point raised was the need to integrate child welfare into services for substance misusing parents. Helping the addict to acknowledge their addiction, helping the abstinent parent to come to terms with the situation and preventing relapse by the addict will all help the child. However, the stigma surrounding addiction may block parents from acknowledging their misuse and getting support for the child. In the case of alcohol, it is more difficult to get adults to accept that their misuse is a problem for the child.

A young person's misuse of substances is associated with parental misuse but engaging parents who are misusing substances is difficult.

There is a lack of residential assessment services while a lack of childcare and family support makes it harder for mothers to enter longer in-patient programmes. Addiction services need to provide childcare or link with childcare services. Those working in adult addiction and in child-focused services need training in both areas.

Drug misuse is a significant challenge for the Travelling community and drug services need to be aware of Traveller culture. Schools could help identify problems experienced by Traveller children living with substance misuse.

Services

Discussion dealt with scarce resources; crisis rather than proactive responses; fragmentation, with different roles, responsibilities, policies and target groups; poor co-ordination and lack of understanding of child protection and addiction.

Budget cuts are affecting services and a general lack of resources prevents proactive responses.

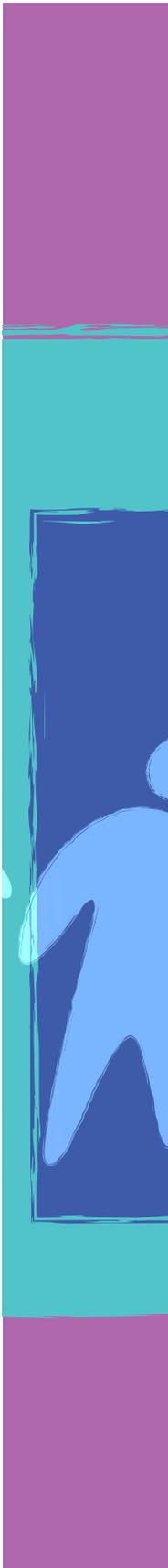
For the well-being of children, there is a need to change families' poor perception of social services. Parents may refuse to engage with services if they believe that referral will mean the loss of their child.

Community organisations lack the resources to offer to everyone the sort of extensive supports a mother in crisis needs, such as feeding children and getting them to school. Addiction services also lack the resources to deal with substance misusers' children.

Participants emphasised the need for services to be flexible and available outside standard hours but also expressed concern that mandatory reporting requirements would swamp services.

Awareness

A national awareness programme on substance misuse is needed including a publicity campaign aimed



at children whose exposure to substance misuse remains hidden. Education about drugs and alcohol often require the child to act at variance with what is 'normal' in their home and for this reason families should be educated first, then the community and wider services.

3.5 'Prioritising Children in Policy and Practice': Norah Gibbons

Norah Gibbons, chairperson of Alcohol Action Ireland and Director of Advocacy, Barnardos, spoke about 'Prioritising children in policy and practice'.



Debate from the conference floor

Ms Gibbons said society ignored the impact of parental substance misuse on children yet children living with parental substance misuse were among the most vulnerable. Substance misuse affected parents' capacity to give structure and care to their children.

An ISPCC study showed that 100,000 children were negatively affected by parental alcohol problems and one in every six cases of child abuse was attributed to substance misuse.

Identifying the child's needs and, in particular, identifying a stable adult who could ensure the child received consistent love, care and security were central to effective delivery of responses.

She stressed that the welfare and needs of the child should be put first, and that agencies needed to work together. Under the Child Care Act 1991, the HSE had a statutory duty to promote the welfare of a neglected child and make the child's welfare 'the first and paramount consideration'.

The revised Children First Guidance and the HSE's Child Protection and Welfare Practice Handbook were positive developments. The key principles of Children First were that the welfare of the child was paramount and that those working with adults who could not meet their child's needs should always act in the child's best interests. Children First emphasized inter-agency or multi-disciplinary working in identifying and putting the child's interests to the fore.

Norah Gibbons outlined current challenges to effective inter-agency working. Frontline staff needed training on the impact of substance misuse and needed to include in their assessments the effect of addiction on parenting capacity and on children. Client confidentiality could deter professionals from sharing information. Policies and procedures to support inter-agency working were needed. Financial constraints and cutbacks were leading to longer waiting lists and workload pressure on staff.

Basic data was needed to establish how many children are harmed by parental substance misuse and to establish the impacts on health, development and welfare.

Ms Gibbons recommended some key measures.

1. Investment in prevention and early intervention services

2. Policies that reduced alcohol consumption levels would reduce the level of harm to children living with parental alcohol problems. This would require collaboration by many organisations including protocols between service agencies and the integration of alcohol services with family support and child welfare services.

A whole family approach, where the child's needs were the priority, would best provide positive outcomes for children and families. Many alcohol services provided supports to parents with alcohol problems but not for the family or the children.

3. Provide services and supports directly to children

Support and services should be provided to children in their own right. Such services could include self-referral services, helplines, in-school counselling, therapeutic support and emergency accommodation.

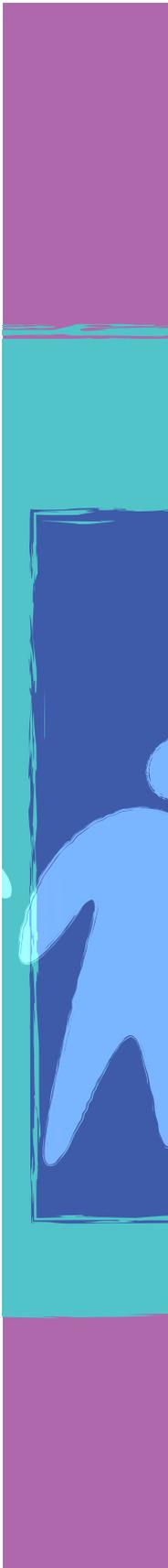
4. Ensure organisations are clear about their responsibilities under Children First.

Putting Children First on a legislative basis would ensure that organisations would have a duty to share information and co-operate in the interests of the child.

5. Constitutional amendment

Setting children's rights into the Irish Constitution would ensure their interests were paramount in decisions that affected their lives and that policy and services would be child centred.

Children whose parents abused substances were forced to grow up too fast, were burdened with too much responsibility and with feelings of shame, fear, isolation and confusion. They should not be overlooked in policy development and service delivery, Norah Gibbons concluded.



4. Workshop Presentations and Discussion

The afternoon session involved four workshop presentations on different initiatives for addressing substance misuse, followed by discussion.

4.1 Workshop presentations

Workshop A: ‘Learning from service responses: Ballyfermot STAR’

Presented by Sunniva Finlay, Manager, Ballyfermot STAR.

Ballyfermot STAR works with people who use illicit drugs, who abuse alcohol and prescribed and over the counter medication, who are stable on methadone and connected to services or who are drug free and needing aftercare. It also works with family members including parents, partners and children.

Its initiatives comprise Réalt Nua, for rehabilitation, education and training; Réalt na Clann, family support services; Réalt Beag, children and family services; Réalt Solus, cocaine initiative; and Réalt Eolas, entry/assessment programme.

For Ballyfermot STAR, inter-agency work is essential. It enables service users to access mainstream services and it enables Ballyfermot STAR to develop progression paths for clients, protocols that allow people move seamlessly through relevant agencies, to develop programmes that strengthen its work and to work proactively with local and national agencies.

Ballyfermot STAR seeks to address the specific challenges of how to support parents who have difficulty with parenting skills, and how a multi-disciplinary team with different skills can collaborate to support the whole family.

The project adopts a child-centred approach with very early learning support. It follows the High Scope curriculum of active participatory learning with physical, emotional and intellectual support. It recognises and supports parents as the child’s primary educators.

It encourages high expectations for its children and aims that they become independent, responsible, confident, open to learning, able to plan and able to express themselves.

The quality, affordable childcare and family support Ballyfermot STAR provides are critical to enabling drug users to undertake rehabilitation. Research shows that vulnerable children who have quality childcare and early childhood education are happier, better prepared for school, closer to their caregivers and better able to co-operate and communicate. Quality childcare reduces the effects of an unstable environment while parents remain involved in the daily care of the child.

Staff members have completed community addiction studies courses and understand the target group and their needs.

Workshop B: ‘Learning from service responses: The Families Matter Programme’

Presented by Donna Butler, Programme Manager, Families Matter, North West Alcohol Forum.

The North West Alcohol Forum is a state-funded, community-based response to alcohol misuse. Through community consultation it identified a strong need for a structured, whole-family support programme and it piloted the Strengthening Families Programme to test its suitability.

It takes 10 people to deliver one Strengthening Families Programme and so inter-agency collaboration and ‘donated time’ are essential. Agencies release staff for two-day group leader training. Training equips

one to refer or link people to the programme or to be a group leader. In March 2010, the pilot programme started with 11 families.

The programme consists of weekly sessions over 14 weeks. Training in parent, teen and family lifeskills is provided simultaneously, each requiring input from two to three group leaders.

The Strengthening Families Programme consists of a nine-stage journey:

1. Family referral application through programme link person,
2. Programme screening panel,
3. Link person supports family for 14 weeks,
4. Link person attends Night One,
5. Family attend for 14 consecutive weeks,
6. Post-programme debrief and feedback,
7. Link person given weekly update,
8. Parents and children complete an evaluation,
9. Graduation at session 14, with a follow-up booster session/reunion.

A standardised evaluation is used to measure the immediate change objectives of the parents, the child and the whole family. The evaluation to date showed 100 per cent retention rate and significant improvement in parenting and in five family outcomes for all participants. The five family outcomes were organisation, cohesion, communication, conflict and resilience.

There was significant improvement in five out of seven youth outcomes, comprising decreased depression, reduced attention deficit, less covert and overt aggression and increased social skills. A small change was reported in criminal behaviour and hyperactivity.

Parental alcohol and drug misuse dropped significantly.

An external evaluation attributed the programme's impact to its whole-family approach, its skills base, intervention and inter-agency collaboration.

Since the programme began, 54 families have attended, over 100 people have been trained and there are close linkages with community, voluntary and statutory organisations.

Workshop C: 'Building knowledge and skills for better outcomes for children – the role of Children First'

Presented by Theresa Barnett, HSE Training and Development Officer, and Mary Egan, Principal Social Worker, Training and Development Office, Children First, HSE.

The presenters explained the differences between the 1999 and the 2011 *Children First* guidelines. The substance and principles were the same but the content had been updated to reflect changes in policy and legislation and the establishment of new agencies like the Department for Children and Youth Affairs. The content reflected recommendations from recent reports and the growing awareness of the impact of neglect on children. The term Guidance had replaced 'Guidelines' in the title.

There were five key principles for best practice in responding to child protection and welfare concerns.

1. The child's welfare is paramount;
2. Children have a right to be heard;
3. There is a balance between protecting children and respecting parents;
4. Early intervention and family support;
5. Professionals working with adults who have serious difficulties meeting their children's needs for safety and security should always consider the impact of the adult's behaviour on the child and act in the child's best interest.

There were four forms of abuse; neglect, emotional abuse, sexual abuse and physical abuse. Neglect was defined as when the child suffered significant harm or impairment of development by being deprived of food, clothing, warmth, hygiene, intellectual stimulation, supervision and safety, attachment, adult affection and medical care. Chronic neglect occurs when parents fail to provide for the child's basic needs over time.

Adult problems such as stress, poverty or addiction can never justify the neglect or harm of a child by the parents. The child's welfare must always be the primary consideration.

Those who treat people with mental health and addiction problems must consider the welfare and safety of any child in the person's family or in regular contact with them, and any concerns must be discussed with and reported to the HSE Children and Family Services.

The *Child Protection and Welfare Practice Handbook* complements *Children First 2011* and is an aid to delivering accountable, consistent and transparent practice. It is a quick reference book and sets out key issues for different stages.

Workshop D: 'Hidden Harm Action Plan, a partnership approach for better outcomes for children living with parental drug and alcohol misuse'

Presented by Davis Turkington, Senior Officer, Health and Social Well-being Improvement, Public Health Agency, Northern Ireland.

The UK Advisory Council on the Misuse of Drugs produced the report *Hidden Harm: Responding to the needs of children of problem drug users*, which stated that reducing the harm to children from parental drug misuse should be a main objective of policy and practice.

In Northern Ireland the UK report recommendations were incorporated in the New Strategic Direction for Alcohol and Drugs 2006–2011, which stipulated that a Hidden Harm strategy on alcohol misuse should be developed.

Based on figures for UK substance misuse, it was estimated that approximately 40,000 children in Northern Ireland could be living with parental alcohol misuse. Forty per cent of children on the child protection register and 70 per cent of children in care outside the home were there because of parental substance misuse.

A regional Hidden Harm Action Plan was produced jointly by the Public Health Agency and the Health and Social Care Board in 2008 and this made provision for the development of local Hidden Harm action plans.

One of the principles of the plan was that services should be built on what children said they needed and that responses to child and family needs should be integrated into mainstream adult and children services. It emphasised prevention and early identification and building on family strengths.



Phil Garland, Assistant National Director, Children and Families Social Services, HSE addresses the plenary session. Left to right Paul Barron, Assistant Secretary, Department of Health, Mary Forrest, Clinical Director, Crosscare Teen Counselling, Phil Garland, Assistant National Director, Children and Families Social Services, HSE and Michael Conroy, Principal Officer, Drugs Policy Unit, Department of Health.

The plan focused on children living in households where there was misuse of substances including medicines. It held that Hidden Harm had to be viewed primarily as an issue of children and young people, if the problems were to be successfully tackled.

The plan envisaged a joint approach between staff of the Health and Social Care Board and the Public Health Agency. Priority work areas comprised regional training and workforce development; joint leadership and inter-agency co-operation; regional baseline information; regional public awareness and best practice and local services.

Protocols to promote inter-agency working have been drawn up. These deal with the effect of parental misuse on children; confidentiality and

information sharing; roles and responsibilities between adult addiction and family and childcare services; assessment and referral and training. There is joint agreement between adult and children's services in responding to the needs of parents with mental health or substance misuse issues, their children and families.

At present baseline and monitoring data is being compiled.

4.2 Panel and open forum

The workshops were followed by an open discussion with input from panellists Michael Conroy, Principal Officer, Drugs Policy Unit of the Department of Health, Mary Forrest, Clinical Director, Crosscare Teen Counselling, and Phil Garland, Assistant National Director, Children and Families Social Services, HSE. It was chaired by Paul Barron, Assistant Secretary, Department of Health.

Mary Forrest urged the Department of Children and Youth Affairs to lead a strategy for delivering best services for children and teens but said the challenge would be for agencies to implement such a strategy.

The planned constitutional referendum on children's rights would give the Government the opportunity to group together all the issues relating to children. She suggested that future national policies should be child-proofed in the same way as measures are gender- and poverty-proofed.

A research question was needed to gather data on teens and children of substance misusers who self-harm. Where parents present for treatment, there should be counselling services for the children, she added.

She said troubled teens faced very serious risks of self-harm, acting out, criminal activity and gang activity. Self-harm, rather than drinking, was now the alarm signal and drugs and alcohol were factors in teen suicide. She called for consideration of the marketing pressures and availability of alcohol on children and welcomed the fact that a substance misuse strategy would be in place shortly.

Phil Garland said his key role was to implement Children First around the country and a cross-departmental group was working to ensure every department and agency worked together towards this. A training the trainers programme on Children First was being developed to make sure that everybody working in

children's welfare and substance misuse would understand it. The Child Protection and Welfare Practice Handbook would ensure standardisation and co-ordination of child protection mechanisms.

Michael Conroy spoke of the importance of implementing Action 29 of the National Drugs Strategy dealing with supports for families experiencing difficulties due to drug or alcohol use, parenting skills and targeted measures focusing on the children of problem drug and/or alcohol users aimed at breaking the cycle and safeguarding the next generation.

He stressed in particular that the major challenge is to break the cycle of inter-generational substance misuse.

Long-term interventions involving coordinated inter-agency working, and a case management/key worker approach, are needed. In this context he stressed the need for planned funding, as gaps in supports can lead to young people falling through the cracks in service provision.

During the open forum it was stated that pre-natal substance misuse over generations was causing neural-cognitive effects to parents and then to their children. The dangers of alcohol in this situation were stressed. High levels of Neo-natal Abstinence Syndrome were found in some localities but there was no way at present of assessing the numbers and planning how to deal with it. Inter-sectoral discussion was needed on this issue.

Responding, Phil Garland said two clear national strategies, on substance misuse and on children, were being developed and the information from the day's discussion would be fed into these. The two strategies should work together and clear protocols to link them would be needed.

4.3 Closing address

The Minister for Children and Youth Affairs, Frances Fitzgerald TD, said she was pleased that parental substance misuse and its impact on children had been so high on the agenda because the issue was very critical.

More work needed to be done on alcohol policy in particular. It was a huge societal issue that had 'gone underground' in recent years and we needed a new emphasis on it, Minister Fitzgerald said.

She stressed the importance of integrating the lessons raised by participants into the two national strategies that were being developed, on substance misuse and on children. The strategies involved many departments as many of the issues were inter-departmental. It was important that inter-agency work would be done as effectively as possible and inter-departmental links on children's health were very important in this.

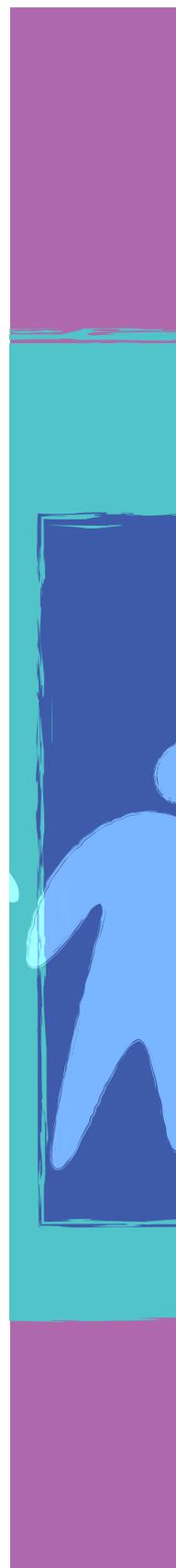
Minister Fitzgerald said child protection was the first goal of her ministry and the second was health and education opportunities. She said she would do all she could to ensure that participants' work was supported and developed in coming years.

Appendix 1 Participants

Atherton, Valerie	Drogheda Borough Council/RAPID
Baggott, Lisa	South West Regional Drugs Task Force
Barnett, Theresa	Health Service Executive
Barragry, Dolores	St Vincent's Psychiatric Hospital
Barron, Paul	Department of Health and Children
Bingham, Tim	National Drugs Conference
Brennan, Katie	HSE Social Work Dublin North East
Burke, Maria	HSE Dublin South West
Butler, Donna	Family Matters Programme, Donegal
Byrne, Catherine	Foroige Drug Prevention Initiative
Byrne, Ciara	Headlamps Schools Support and Intervention Programme
Byrne, Declan	Kilbarrack Coast Community Programme
Byrne, Emma	Le Chéile Mentoring Project, Dun Laoghaire, Co Dublin
Cafferty, Siobhán	Pavee Point Drugs Programme
Callaghan, Terry	National Educational Psychological Service
Carmody, Deirdre	HSE Addiction Services
Carter, Daniel	Garda SAY Youth Diversion Project, Dublin
Casey, Brid	HSE Addiction Services
Casey, Maurice	Family Support Network
Clarke, Marion	Kilbarrack Coast Community Programme
Colgan, Ruth	Dublin 12 Local Drugs Task Force
Conlon, Paul	Ashleigh House, Dublin
Conroy, Michael	Department of Health and Children Drugs Policy Unit
Cooke, Christine	Health Service Executive
Corrigan, Des	National Advisory Committee on Drugs
Costello, Pat	Health Service Executive
Cotter, Mary	Talbot Centre, Dublin
Cullen, Joanne	HSE Dun Laoghaire Social Work Department
Curtis, Ciaran	Department of Justice Probation Service
Dalton, Margaret	Cumas Project, Dublin
Daniel, Florence	Kildare/West Wicklow Mental Health Services
De Burca, Avryll	Daughters of Charity Family Centre
De Lacy, Mara	Aisling Project Ltd, Dublin
Deacon, Aoife	HSE Social Work Department Area 3
Delaney, Catherine	Barnardos
Dempsey, Marie	Department of Health Drugs Programme Unit
Donati, Stefano	Health Service Executive
Donohoe, Edith	Rialto Community Drug Team
Donohoe, Maria	South City Children's Services, Dublin
Doyle, Joe	Health Service Executive
Dufficy, Leo	Drug Treatment Centre Board, Dublin

Duffy, Michael	Health Service Executive
Duggan, Sarah	HSE Dublin South City
Dukes, Kathy	Barnardos
Dunne, Chris	Health Service Executive
Dunne, Réidín	Barnardos
Egan, Mary	Health Service Executive
Elliffe, Ruth	HSE Dublin North West
Farnan, Maurice	HSE Addiction Services
Farrell, Sorcha	Tallaght Probation Service
Fay, Vivienne	HSE Addiction Services, Dun Laoghaire
Fell, Breda	Department of Education and Skills
Finlay, Sunniva	Ballyfermot STAR
Fitzpatrick, Mary	Lifestart Ballymun
Forrest, Mary	Crosscare Teen Counselling, Dublin
Gibbons, Cara	Focus Ireland
Gibbons, Helen	AMNCH (Adelaide and Meath Hospitals) Dublin
Gibbons, Norah	Alcohol Ireland/Barnardos
Gray, Alison	HOPE Foundation, Cork
Greaves, Hugh	Ballymun Local Drugs Task Force
Grendon, Rachel	St Fergal's Family Resource Centre, Bray
Griffin, Sarah	Familiscope, Dublin
Hanna, Pat	Rehabilitation and Support Programme
Harris, Rebecca	Bray Community Addiction Team
Hendry, Anna	HSE Social Work Children's Services
Hills, Max	Health Service Executive
Hogan, Phil	Health Service Executive
Hope, Ann	Alcohol Researcher/Policy Analyst
Horan, Clare	Ballymun Local Drugs Task Force
Horgan, Justine	National Advisory Committee on Drugs
Howley, Derval	Health Service Executive
Hunt, Joan	HALO Project, NAAS
Hurley, Victoire	HSE Clinical Midwife Addiction Services Dublin
Jackson, Anne	Curam Family Centre
Jubani, Ciara	Blanchardstown Local Drugs Task Force
Kearney, Niamh	The Life Centre
Kelly, Terry	Addiction Response, Dublin
Kenny, Susan	HSE National Office for Suicide Prevention, Dublin
Lacey, Ann	South East Regional Drugs Task Force, Waterford
Lawrence, Chris	Barnardos
Limpach, Fiona	Aids Care Education and Training, Dublin
Lydon, Hannah	Tallaght Partnership, Dublin

Lyons, Suzy	Health Research Board, Dublin
MacAndrew, Katy	STAR Ballymun Project, Dublin
Maher, Siobhan	Family Support Network, Dublin
Mannion, Avril	Health Service Executive
McAdam, Joanne	Health Service Executive
McAlinden, Niamh	Bray Local Drugs Task Force
McCabe, Lyndsey	Le Chéile Mentoring Project, Dun Laoghaire, Co Dublin
McCann, Sandra	HSE Social Work
McCarthy Holton, Mary	HSE Social Work Department Roselawn Health Centre, Dublin
McColloch, Louise	Blanchardstown Local Drugs Task Force
McCormack, Moninne	HSE Primary Care Psychology Service
McDonnell, Derek	Consultant
McGrane, Frank	HOPE Foundation, Cork
McHugh, Ger	Foroige, Dublin
McLeavey, Eithne	Headlamps Schools Support and Intervention Programme
McLoughlin, Colette	Health Service Executive
McMullen, Caoimhe	Strengthening Families, Dun Laoghaire
McQuaid, Cormac	HALO Project, NAAS
Meagher, Kathleen	HSE Addiction Services, Dublin Mid-Leinster
Meleady, Catherine	Ashleigh House, Dublin
Mills, Maura	Crosscare Teen Counselling, Dublin
Moloney, John	HSE Social Work Department
Montgomery, Geraldine	National Education Welfare Board, Dublin
Morris, Mary	Familiscope, Dublin
Mulhall, Gavin	Health Service Executive
Mullen, Sandra	Clondalkin Drugs Task Force, Dublin
Mullery, Jim	North East Regional Drugs Task Force, Kells
Murphy, Chris	Crosscare Drugs Awareness Programme
Murphy, Cliona	Alcohol Action Ireland, Dublin
Murphy, Dermot	Ana Liffey Drug Project, Dublin
Murphy, Lynn	Dun Laoghaire Community Training Centre, Co Dublin
Murphy, Michael	Matt Talbot Counselling and Education Service, Drogheda
Murphy, Sally	HSE Social Work
Murray, Denis	HSE Adolescent Addiction Service, Dublin
Murray, Edward	Youth Advocate Programmes, Dublin
Murray, Yvonne	Little Bray Family Resource Centre, Bray
Nic Coitir, Siobhán	Crosscare Teen Counselling, Dublin
Nic Giobúin, Nuala	Dublin City Children's Services Committee
O'Connell, Elaine	Lifestart Ballymun, Dublin
O'Connor, John	Anchor Treatment Centre, Mallow
O'Connor, Miriam	Anchor Treatment Centre, Mallow



O'Doherty, Mark	The Rise Foundation, Dublin
O'Driscoll, Denis	HSE Addiction Services, Dublin
O'Driscoll, Geraldine	Ballyfermot STAR, Dublin
O'Flynn, Joan	National Advisory Committee on Drugs
O'Gorman, Muireann	Trinity Court, Dublin
O'Neill, Aoife	Health Service Executive
O'Reilly, Laure	Ballyfermot STAR, Dublin
O'Rourke, Linda	Department of Health and Children Drugs Policy Unit
O'Shea, Fiona	Garda SAY Youth Diversion Project, Dublin
O'Shea, Noelle	HSE Social Work Department
O'Sullivan, Máirín	Department of Education and Skills
O'Sullivan, Marie	HSE Addiction Services, Dublin
Odemhe, Mari	Ana Liffey Drug Project, Dublin
Ogle, Andy	North East Regional Drugs Task Force, Kells
Perry, Danielle	Barnardos
Perry, Sharon	Southside Women's Action Network, Co Dublin
Pike, Brigid	Health Research Board, Dublin
Prendergast, Gearoid	Mid West Local Drugs Task Force, Limerick
Quinn, Yvonne	HSE Out of Hours Social Work Service
Quirke, Norma	PHN, Millbrooke Lawns, Tallaght
Rackard, Marion	Health Service Executive
Reilly, Gillian	NW Inner City Training and Development Project, Dublin
Reynolds, Niall	Psychologist
Reynolds, Sinead	HSE Child and Adolescent Mental Health Services
Rooney, Siobhan	HSE Addiction Services
Rush, Mags	Institute of Technology Blanchardstown
Ryan, Fiona	Alcohol Action Ireland
Ryan, Mieke	HSE Social Work
Ryan, Susan	HSE Addiction Services, Lucan
Savage, Michele	Foetal Alcohol Spectrum Disorders Ireland
Saviotti, Cecilia	NAAS Child and Family Project
Sexton, Eleanor	Senior Social Worker, Beaumont ER, Dublin
Sharry, John	Social Worker, Mater Child and Adolescent Mental Health Services
Sheerin, Catherine	Aistear Beo Family Centre, Dublin
Sheridan, Denis	HSE Social Work Department
Stack, Aoife	Dun Laoghaire Local Drugs Task Force
Stafford, Sandra	HSE Family Support and Child Welfare
Thompson, Jackie	North Dublin City and County Regional Drugs Task Force
Tominaga, Ingrid	HSE Fostering Social Work
Turkington, Davis	Public Health Agency, Northern Ireland
Walsh, Fiona	Health Service Executive

Whelan, Mark	The Base Ballyfermot Youth Centre, Dublin
Wilson, Liz	Barnardos
Wogan, Niamh	Little Bray Family Resource Centre, Bray

Some contacts

www.drugs.ie This is the national drug and alcohol information and support website in Ireland. It is hosted by the HSE in partnership with the community and voluntary sector. Two current initiatives to bolster the site as the national resource for drug and alcohol information are in progress. The first is an extensive redevelopment of the site's national directory of drug and alcohol services. The second is the development of an online self-assessment tool and brief interventions for alcohol use. This will also include a version for Facebook and it will be possible to replicate this across other online channels.

Alcohol Action Ireland, Butler Court, 25 Gt Strand Street, Rear, Dublin 1
Tel. 01 878 0610. Email: info@alcoholactionireland.ie. www.alcoholireland.ie.
Alcohol Action Ireland runs www.drinkhelp.ie, an on-line guide to alcohol services in Ireland searchable by location and age of person looking for help.

Ballyfermot Star, 7 Drumfin Park, Dublin 10. Tel. 01 623 8002 www.ballyfermotstar.ie
Ballyfermot Star is a community response to drug use. We provide non-judgemental support, guidance and education to drug users, their families and the community, enabling them to cope with and overcome the effects of drug use in their everyday lives.

Barnardos, Christchurch Square, Dublin 8. Tel. 01 453 0355 Callsave: 1850 222 300 info@barnardos.ie
www.barnardos.ie
Barnardos' mission is to challenge and support families, communities, society and government to make Ireland the best place in the world to be a child, focusing specifically on children and young people whose well-being is under threat.

HSE Social Inclusion, Mill Lane, Palmerstown, Dublin 20
Tel. 01 620 1703. Email: patrick.costello1@hse.ie.

National Advisory Committee on Drugs (NACD), Hawkins House, Hawkins Street, Dublin 2
Tel. 01 635 4283. Email: nacd@nacd.ie. www.nacd.ie

North West Alcohol Forum (NAAF) Ltd., Unit B9, Enterprise Fund Business Park, Ballyraine, Letterkenny, Co Donegal Tel. 074 91 25596 www.nwaf.ie Alcohol Forum Ltd.
NAAF Ltd is a registered charity that works to prevent and reduce alcohol related harms in communities. Based in the North West of Ireland and working across borders, the NAAF is a government approved community mobilisation initiative operating in partnership with the Health, Justice, Education, Community and Business sectors.



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